



King County

Mental Health, Chemical Abuse and Dependency Services Division

Department of
Community and Human Services

CNK-HS-0400
Chinook Building
401 Fifth Avenue, Suite 400
Seattle, WA 98104

206-263-9000

206-296-0583 Fax (Reception)
206-205-1634 Fax (Clinical Services)
7-1-1 TTY/TDD

King County Mental Health Advisory Board (MHAB) Regular Meeting September 9, 2014

Members Present: Lauren Davis, John Holecek, Kristin Houser, Veronica Kavanagh, Toni Krupski, Katelyn Morgaine, Allan Panitch, Heather Spielvogel

Members Absent: Maria Davis, Nancy Dow, Alicia Glenwell, (excused)

Guests Present: Helen Nilon (Behavioral Health and Wellness); Joan Clement (King County Alcoholism and Substance Abuse Administrative Board, (KCASAAB)); Robie Flannagan, Susan O'Patka, Kathy Obermeyer, Katie Pitt, Michele Scoleri, Steve Stetter (Guests); David Black (MH Ombuds)

Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD)
Staff Present: Bryan Baird, Jean Robertson

I. Welcome and Introductions

Kristin Houser, Chair, convened the meeting at 4:40 p.m., in the Chinook Building, 401 5th Avenue, Seattle, Conference Room 126. Members were welcomed and introductions were made by each member. A quorum was present for the meeting.

II. Minutes Approval

The July 8th meeting minutes were unanimously approved.

III. Murphy/Barber Bill Comparison Presentation – Helen Nilon

Helen provided a comparison of bills: Murphy Bill, HR 3717, and the Barber Bill, HR 4574, and reported King County would lose \$9.8 million under the Murphy Bill. The Murphy Bill is based on a medical model, but with little hope for recovery and is stigmatizing; The Barber Bill is person-centered, and is more recovery-oriented. The Murphy Bill does away with Institutions for Mental Diseases (IMD); The Barber Bill does not.

She provided a link that compares the two bills, <http://www.bazelon.org/In-Congress.aspx> as well as section by section comparison work that can be found here:

<http://www.kingcounty.gov/healthservices/MentalHealth/Board/ArchivedMinutesandMeetingMaterials.aspx>.

Vice Chair Spielvogel provided the following summary of Murphy Bill, HR 3717:

IMD Exclusion Elimination:

- Increase inpatient psychiatric beds and create federal community mental health clinics (to fill in the gap of consumers who have left state hospitals).
- Eliminates certain Medicaid treatment restrictions so that individuals can receive mental health services on the same day that they receive primary care services.
- End some HIPAA restrictions: so that providers can share vital information with other providers (and potentially family members) in an effort to establish continuity of care. At the same time may conflict with the patient's privacy protections.

Services:

- Overall the bill aims to support the integration of mental health and primary care in Federally Qualified Community Behavioral Health Clinics.
- Advocates for Funds for telepsychiatry to link PCPs and pediatricians with psychiatrists.
- Limits what is considered a mental health provider and who can provide qualified mental health services (lack of parity in reimbursement for these providers)—for instance clinical social workers were not included in the original bill—seems to be heavily in favor of psychologists and psychiatrists.
- Advocates for evidence-based models of care—this seems to particularly impact substance abuse services.

Substance Abuse:

- Creates an assistant secretary for Mental Health and Substance Use Disorders (via DHHS)—to oversee federal programs and ensure that block grantees are applying evidence-based practices developed by the National Institute of Mental Health.
- May provide more support for treating substance abuse; but at the same time would reduce funding to the Substance Abuse and Mental Health Services Administration and peer-to-peer supports in favor of evidence-based programs.

Law Enforcement and Criminal Justice:

- Proposes to increase mental health services for those involved in corrections.
- Mentally Ill Offender and Crime Reduction Act would be reauthorized: provides resources and trainings to states and communities to prevent people with serious mental illness from entering the criminal justice system. This may include:
 - Research funding to determine risk of violence among those with serious mental illness.

- Mental Health training of corrections officers and law enforcement.
- Introduces Fund Assisted Outpatient Treatment laws: court ordered treatment instead of incarceration or involuntary inpatient hospitalization—forces treatment (leash laws)—mandated medication usage (involuntary commitment laws).

Stigma Reduction:

Training in schools to prevent stigma about mental illness.

IV. Chairperson's Report

Chair Houser reminded members the next meeting is the joint-Board meeting with the KCASAAB on Thursday, October 2, from 11:30 a.m. to 1 p.m., in the Chinook Building, room 123. A phone-in option will be made available.

The MHAB regular meeting in November falls on Veteran's Day. A list of potential dates will be sent to members via email.

V. Update on Lobbying Efforts and IMD

Joan Clement, KCASAAB, updated the board on the meeting with Rep. Dave Reichert that she found positive and productive. He was open, constructive, and gave many examples of mental health interactions and was quite clear he is not in favor of the Murphy Bill and very interested in doing away with the IMD. He said the most likely way to accomplish this is to write a letter to the Centers for Medicare and Medicaid Services, requesting an action by them to change their rule. He also requested a draft letter to him, succinctly outlining this issue, with cost implications. This letter has yet to go out, but KCASAAB members have proposed sending out a joint Board letter to Rep. Reichert. He assured Joan he could obtain signatures from each Republican Representative and Senator in Washington state.

VI. Single Bed Certification Court Ruling – Jean Robertson

There was a Pierce County lawsuit that went to the Supreme Court alleging that it was illegal to detain someone for involuntary treatment and not provide these individuals with said treatment. This ruling came down on August 7, 2014, and confirmed the lower court ruling. Later, word came down from the state that a part of the letter that explained the mandate failed to report the date this would go into effect on August 27, 2014. At that time, the Department of Social and Health Services (DSHS) and Governor Inslee filed a motion for a 120 day stay. The County received word on September 5 that the stay was granted and the mandate will now go into effect on December 26, 2014. Governor Inslee has authorized a \$30 million overspend of the DSHS budget to pay for services in IMDs. Fairfax Hospital is in the process of bringing on 60 new beds, is not fully staffed yet, but has made a commitment to make a portion of those available for Involuntary Treatment Act (ITA) patients. In Tukwila, Cascade Behavioral Health (former Riverton Hospital campus), is in the process of opening additional beds and interested in pursuing evaluation and treatment (E&T) facility certification.

Once certified and depending on staffing, they believe they can bring 18 more beds online. Pierce County is bringing on another 16-bed E&T facility this month.

King County has received operational funds for one 16-bed E&T, and trying to leverage funds to get capital to support two facilities. One facility should be completed by the end of 2015; the other in 2016.

Navos has opened two additional beds; Harborview is opening seven more beds within the next couple of months.

Phase One: Getting individuals out of the single bed certification or boarding status.

Phase Two: What other services need to be developed to prevent individuals from being involuntarily treated.

More updates to come.

VII. Federal Block Grant Update – Jean Robertson

The King County Forensic Intensive Reentry Support and Treatment (FIRST) program is about \$120,000 underspent. Rather than pay these funds back to the state, MHCADSD is proposing to the Board that the County would like to transfer underspent FIRST funds to jail transition services which were reduced by 50% in the recent state budget. The Board voiced no objection to this action.

VIII. Other Business

- Board members were reminded by the staff liaison of their obligation to watch the Open Public Meeting Act (OPMA) Training Video, (required by ordinance for all King County Board members), then sign and submit the subsequent OPMA training certification by October 1.
- Possible merger with CD Board
The possible merging of the Boards will be a topic at the joint meeting with the KCASAAB in October. There is an understanding among members this model may be more efficient for the County and that it makes sense there be oversight and understanding of an integrated system of services, but some MHAB members feel they may lose depth and focus in an integrated Board.

Other points of interest include the redrafting of the bylaws and County code revision. How many Board members will there be with an integrated Board?

Joan Clement shared some of the CD Board's concerns, such as maintaining focus; funding; an advisory vs. administrative Board, per Washington Administrative Code; or the CD Board being swallowed up by the mental health system.

Ultimately, members agree the population being served is paramount.

IX. Board and Community Concerns

Jean reminded members of the upcoming Legislative Forum on Thursday, November 13, from 6:30 p.m. to 8:30 p.m., at Town Hall, Seattle.

Lauren Davis disseminated invite cards to the Forefront Second Annual Celebration and Fundraiser on Tuesday, September 30, 2014, from 6:30 p.m. to 8:30 p.m. This event is free. RSVP at www.intheforefront.org.

Susan O'Patka announced Circle of Friends for Mental Health, a 501 [c] [3] non-profit organization, is hosting Stampede Over Stigma Relay where dozens of relay teams and hundreds of participants run or walk through the beautiful trails of Washington in a united effort to increase awareness about mental illness. This event takes place at Magnuson Park on September 20 at 1 p.m. On-site registration begins at 8:45 a.m.

X. Adjournment:

With no further business, the meeting adjourned at 6:30 p.m.

Prepared by:
Bryan Baird, Board Liaison

Attested by:
Kristin Houser, Chair